

MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MARYLAND 21202

**PARTICIPATING GOVERNMENTAL UNIT  
WITHDRAWAL APPLICATION**

**IMPORTANT:** An electronic version of this form is available at [sra.maryland.gov](http://sra.maryland.gov).

(REV. 6/22)

Organization Name

Address

Phone

Fax

MSRA Location Code

Primary Contact

Title

Phone

Email

Secondary Contact

Title

Phone

Email

**Tentative Withdrawal Date:** What is the proposed date of withdrawal? June 30, 20  
(Note: Withdrawals and transfers take effect at the end of the state's fiscal year.)

**Please select the Plan from which you are applying to withdraw:**

Employees

Law Enforcement

Correctional Officers

**Do you participate in the Employer Pick-Up:** Yes No

**Please describe the group of employees who will be affected by this withdrawal:**

**A. New Plan Information**

1. Are you transferring to another State system or establishing a local pension system? Yes No

2. If so, is it a: Defined Benefit Plan  
Defined Contribution Plan  
Other. Please explain:

Please identify the name of the system:

(Note: Service credit and accrued assets in the existing state defined benefit plan cannot be transferred to a defined contribution plan.)

3. What provision of the Internal Revenue Code governs the new retirement plan?

[eg., Section 457(b), 401(a), 401(k), 403(a), 403(b), 408(k), 408(p), 501(c)(18)]

**B. Governance**

1. Please provide the name and contact information of the official of the city/town/other entity who has the authority to act on behalf of the governing body and will be responsible for handling this Withdrawal Application.

Name Title Phone Email

**C. Related Professionals**

a. Please provide the name, contact person and phone number of your legal counsel:

Legal Counsel / Law Firm

Legal Counsel Contact Person

Legal Counsel Phone

b. If you employ the services of an actuary, please provide the name of the actuarial firm, contact person and phone number.

Actuary (if applicable)

Actuary Contact Person

Actuary Phone

c. If you are working with a third party plan administrator, please provide the name of the plan administrator, contact person and phone number.

Third Party Administrator (if applicable)

Third Party Administrator Contact Person

Third Party Administrator Phone

**D. Employee Information**

1. Please provide the number of existing employees.

Total Employees:

Full-Time Employees:

Part-Time Employees:

2. Are any of your employees retirees of the Maryland State Retirement and Pension System and collecting a benefit? Yes No

**E. Withdrawal Liability**

The State System’s actuary must prepare the calculation of the withdrawal liability, if any. Maryland law specifies that the cost of preparing the preliminary and prior to withdrawal the final valuation after withdrawal report is a required expense to the governmental unit.

By completion of this application, do you have the authority and do you authorize the System to obtain as your cost a preliminary and final actuarial valuation report? The cost will run approximately \$6,000 for each valuation. Yes No

By (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name Title Phone Email